SAO 435 Case 2:18-Styning Trip Office of the United Figure 18				1000 Filed 09/24/18 P	por Cofrit USE ONLY DUE DATE:	
		TRANSCR	RIPT ORDER			
1. NAME			2. PHONE NUMBER	3. DATE		
4. FIRM NAME					1	
5. MAILING ADDRESS				6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JUDGE			DATES OF	PROCEEDINGS		
				11.	12.	
13. CASE NAME					OF PROCEEDINGS	
16. ORDER FOR				14. 15. STATE		
APPEAL CRIMINAL			CRIMINAL JUSTICE ACT BANKRUPTCY			
NON-APPEAL CIVIL				IN FORMA PAUPERIS	OTHER (Specify)	
17 TDANSCRIPT	DEOLIESTED (Specify po	ortion(s) and date	e(s) of proceeding(s) for	r which transcript is requested.)		
					•	
PORTIONS			DATE(S)	PORTION(S)	DATE(S)	
VOIR DIRE OPENING STATEMENT (Plaintiff)				TESTIMONY (Specify)	<u> </u>	
	, ,				<u> </u>	
	ATEMENT (Defendant)			PRE-TRIAL PROCEEDING	<u> </u>	
CLOSING ARGUMENT (Plaintiff) CLOSING ARGUMENT (Defendant)				PRE-TRIAL PROCEEDING		
OPINION OF COURT JURY INSTRUCTIONS				OTHER (Specify)		
				OTHER (Specify)		
SENTENCINO		+				
BAIL HEARII 18. ORDER	NG					
ORIGINAL + 1 FIRST # OF			DELIVERY INSTRUCTIONS			
CATEGORY	(original to Court, copy to ordering party)	COPY	ADDITIONAL COPIES	(Check all that apply.)	ESTIMATED COSTS	
30 DAYS				PAPER COPY		
14 DAYS				I'm Ex cor i		
7 DAYS				PDF (e-mail)		
3 DAYS				r Di (e-man)		
DAILY				ASCII (e-mail)		
HOURLY				ASCII (C-man)		
REALTIME				E-MAIL ADDRESS	_	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).						
				NOTE: IF ORDERING M	ORE THAN ON	E FORMAT.
19. SIGNATURE				THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE				1		
	BE PREPARED BY					
				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUM	MBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY